**Application for Reading Integration Board (RIB)**

**Projects Grants 2024/25**

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| **Requested information to be completed by the Requesting Organisation** | |
| Contact Name: |  |
| Role within organisation: |  |
| Contact Email: |  |
| Contact Telephone: |  |
| Organisation Name: |  |
| Organisation Address: |  |
| Organisation Charity Number: *(If applicable):* |  |
| **Bank Name:** |  |
| **Bank Address:** |  |
| **Account name:** |  |
| **Sort code:** |  |
| **Account number:** |  |
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| **1. Request Value** | |
| £ xxx……………………………………………………………………………………………….………………  *[Set out the amount of grant for which you wish to apply]* | |

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| **2. Name of the Service/Project:** |
| [*Please state the name of the service/project* |
| **3. Please set out the purpose for the funding** |
| [*Please state what the funding will be used for, e.g. to provide more people to do xx, to set up a new service / expand a service –* ***indicate which priority you are bidding against (see Guidance)****]* |

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| **4. Please set out the proposed outcomes from the funding** |
| [*Please state the expected outcomes from the use of the funding, e.g. address x cases of y issue to prevent cases escalating to crisis or hospital admission. If not covered above, please advise scope (number of people/ cases) you are seeking to support]* |

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| **5. What makes the proposal unique?** |
| *[e.g. only group offering such services, building on existing relationships with a specific cohort, etc]* |

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| **6. Other Funding Sources** |
| *Please provide details of other funding sources you are receiving for this area of activity* |

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| **Amount £** | **Purpose** | **Funder** | **Time frame** |
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| **7. Key Performance Indicators (KPIS)** |
| *Please provide 3 Key Performance Indicators for this service that we can use to monitor progress and the impact of the service on Reading residents. Please ensure they are SMART (Specific, Measurable, Achievable, Relevant and Timely).* |

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| **8. Top 3 risks** | | | | | |
| *Please provide the top 3 risks to the project & any mitigating actions* | | | | | |
| **Risk no** | **Description of Risk** | **Potential Impact** | **Inherent risk score** | **Risk Mitigation approach** | **Residual Risk Score** |
| 1 |  |  | H/M/L |  | H/M/L |
| 2 |  |  | H/M/L |  | H/M/L |
| 3 |  |  | H/M/L |  | H/M/L |

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| **9. Working in partnership with other organisations** |
| *If your service relies on working with other organisations (for referrals as an example). Have you discussed this with them & do they agree to work with you? Have you thought about having the right agreements in place for data sharing etc.?* |

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| **10. Delivery plan & milestone** | | | | | |  |  |
| **Activity** | **Sept 24** | **Oct 24** | **Nov 24** | **Dec 24** | **Jan 25** | **Feb 25** | **April 25** |
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* Please submit your completed application form to Chrissey Pellow, Integration Project Support Officer.
* Email address: [christine.pellow@reading.gov.uk](mailto:christine.pellow@reading.gov.uk) by **22nd July 2024**